

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTQ-875)							SERIAL NO. 097762952	FILING DATE			
							APPLICANT(S)				
7-9-04 CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
4		/		/			54				
5		/		/			55				
6		/		/			56				
7		/		/			57				
8	/		/				58				
9	/		/				59				
10		/		/			60				
11		/		/			61				
12		/		/			62				
13	/		/				63				
14		/		/			64				
15		/		/			65				
16		/		/			66				
17		/		/			67				
18		/		/			68				
19		/		/			69				
20	/		/				70				
21	/		/				71				
22		/		/			72				
23		/		/			73				
24		/		/			74				
25		/		/			75				
26		/		/			76				
27		/		/			77				
28		/		/			78				
29		/		/			79				
30		/		/			80				
31		/		/			81				
32		/		/			82				
33		/		/			83				
34		/		/			84				
35		/		/			85				
36		/		/			86				
37		/		/			87				
38		/		/			88				
39		/		/			89				
40		/		/			90				
41		/		/			91				
42		/		/			92				
43		/		/			93				
44		/		/			94				
45		/		/			95				
46		/		/			96				
47		/		/			97				
48		/		/			98				
49		/		/			99				
50		/		/			100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	18						TOTAL DEP.				
TOTAL CLAIMS	24						TOTAL CLAIMS				

PTQ-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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